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IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. ....10/749,659  
Filing Date .....December 30, 2003  
Inventor .....Zhongze Wang  
Assignee .....Micron Technology, Inc.  
Group Art Unit .....2812  
Examiner .....Jennifer M. Kennedy  
Attorney's Docket No. ....MI22-2477  
Title .....Silicon-On-Insulator Comprising Integrated Circuitry

**RESPONSE TO SEPTEMBER 22, 2004 OFFICE ACTION**

To: Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**VIA U.S. EXPRESS MAIL**

From: Mark S. Matkin (Tel. 509-624-4276; Fax 509-838-3424)  
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Responsive to the Office Action dated September 22, 2004, Applicant  
amends and remarks as follows:

**AMENDMENTS**

**EV372468153**



<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/749,659
	Filing Date	December 30, 2003
	First Named Inventor	Zhongze Wang
	Art Unit	2812
	Examiner Name	Jennifer M. Kennedy
Total Number of Pages in This Submission	Attorney Docket Number	MI22-2477

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark S. Matkin, Reg. No. 32,268 Wells St. John P.S.
Signature	
Date	10/5/04

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